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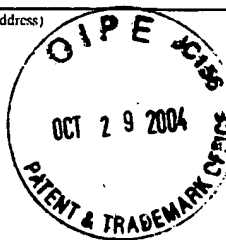
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7590

07/27/2004

Brenda Herschbach Jarrell
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Sandra Saccoccia

(Depositor's name)

Sandra Saccoccia

(Signature)

10/27/04

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/872,868	05/01/2001	Timothy Gardner	CEL-002	1090

TITLE OF INVENTION: BISTABLE GENETIC TOGGLE SWITCH

Attorney Docket No. 2004647-0002

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	XXX YES	XXX \$665.00	\$300	XXX \$995.00	10/27/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEFFERS JR, GERALD G	1636	435-252300

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

11/01/2004 ZJUHR2 00000068 031721 09872868

01 FC:1504
 02 FC:8001
 03 FC:2501

20.00 DP 300.00 DP 30.00 DP 665.00 DP

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Cellicon Technologies, Inc.

Boston, MA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee (No small entity discount permitted)☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1721 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gardner, *et al.*

Examiner: Leffers, G.

Serial Number: 09/872,868

Art Unit: 1636

Filing Date: 06/01/2001

Attorney Docket: 2004647-0002
(Formerly CEL-002)

Title: BISTABLE GENETIC TOGGLE SWITCH

Box Issue Fee

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

TRANSMITTAL OF ISSUE FEE

In response to the Notice of Allowance mailed July 27, 2004, in the subject patent application, enclosed is the Issue Fee Transmittal together with a check for \$995.00 to cover the Issue Fee and 10 soft copies.

Please charge any deficiencies or overpayments to our Deposit Account No. 03-1721.

Respectfully Submitted,

Monica R. Gerber

Monica R. Gerber, M.D., Ph.D.
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Registration Number 46,724

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Dated: October 27, 2004

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